Request for Involvement

Language and Autism Support Team

Please **email** the completed form and relevant documents, including a current one page profile or support plan, using a ­secure email solution (which is a secure way to send confidential information) to [esther.joseph@haringey.gov.uk](mailto:esther.joseph@haringey.gov.uk).

Please see end of form for Right to be Informed Privacy Notice.

Upon receipt of this form, you will be offered an online consultation with a member of the team – please indicate your preferred day at the end of the form. We aim to meet with you within two weeks of receiving the referral to co-ordinate a plan.

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| **CONFIDENTIAL** |
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| **Name of pupil:** | **School:** | **Date:** |
|  |  |  |
| **Year Group:** | **DOB:** | **SEN Stage: (SEN/EHCP)** |
|  |  |  |
| **Class Teacher:** | **Staff making request and role:** | **Parent/Carer name and contact details:** |
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| **Attainment and Attendance** | | |
| **English:** | **Maths:** | **Attendance:** |
|  |  |  |

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| **Support requested** | | | |
| **Briefly outline the current situation including current academic levels of attainment and progress.** |  | | |
| **Nature of support requested, please indicate focus, e.g. behaviour, sensory, curriculum, peer support, other (please specify)** |  | **What have you tried already?** |  |
| **What has worked well** |  | **What previous input have you had from the Language and Autism Support Team?** |  |
| **What outcomes are you hoping for?** |  | **Have parents/carers consented to this referral?** |  |
| **What training/advice relating to the young person’s needs have practitioners in the setting accessed?** |  | **How was this training or how will it be embedded?** |  |
| **Please send a copy of current One Page Profile/Individual Education Plan with this form** | | | |

Please indicate your preferred time for an online consultation to discuss the information above.

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| **Tuesday am** |  |
| **Thursday am** |  |
| **Friday am** |  |

**Note: Please ensure all parents/carers with parental responsibility have been informed of the request for involvement for this young person.**

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| **Data Protection Act 2018 Right to be informed –**  **Privacy Notice** | |
| **Organisation collecting your information** | Haringey Council’s Record of Processing Activities sets out full details of why and how we use personal information. You have a right to access the information that we hold and have inaccurate information corrected. Please see the information on the [Data Protection](http://www.haringey.gov.uk/contact/information-requests/data-protection) section of our website for details of our processing activities, your legal rights relating to how we use your personal data and how to exercise those rights. |
| **Why we need your personal information** | To provide you with Language and Autism and Early Years Inclusion support services. This includes assessments, advice and intervening directly with educational settings (i.e. school, nursery etc.) |
| **Data Protection Act 2018 basis for processing** | Processing is necessary for compliance with a legal obligation |
| **Details of statutory or contractual obligation** | Children and Families Act 2014 (section 3), Education Act 1996 |
| **Consequences of not providing the information** | We may not be able to respond to a complaint if raised. |
| **Who we might share your information with** | Haringey Officers, DfE and other professionals if required, schools, colleges, preschool settings, health, other professionals, other local authorities where necessary. |
| **How long we will we keep your information** | 25 years from DOB |

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**To be completed by a member of the LAST team at the online consultation:**

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| Date of meeting: | Persons present: |
| Outline of plan: | |

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| **Bespoke Specialist Support** | |
| Full day Specialist Support | £550 |
| Half Day Specialist Support | £300 |
| Bite Sized  (up to 1 ½ hours) Specialist Support | £175 |